birth there will be a marked smallness of the stream, lengthy micturition, marked abdominal pressure, and afterwards the secondary inflammatory changes occur and are always accompanied by severe symptoms. There is a marked dilatation of the above-lying urethra, which is evidenced by the dribbling of urine and later on a dilatation of the bladder, ureters and kidneys. This dilatation does not seem to cause much disturbance at first; on the contrary the patients appear well, and the urine is normal; but such patients resent the slightest irritation and the passage of a sound sets up marked urethral fever.

If the disturbances of micturition last a long time inflammatory processes are set up in the upper urinary organs, not so marked in the bladder as in the ureters, pelves of the kidneys and the kidneys themselves. Chills often usher in the increase of the symptoms, there is a daily fever, pain in one or both lumbar regions, often accompanied by uræmic symptoms. The patients emaciate, become cachectic.

These cases are sometimes mistaken for intermittent fever.

The writer reports 3 interesting cases treated by him.

The length of the congenital stricture in his cases varied from 1 to 4 cms., and in each case there was more or less cavernitis due to stasis of urine in the dilated urethra behind the stricture.

The treatment consisted in reducing the inflammation by cold and in the gradual dilatation by soft instruments. The strictures at first were only pervious to filiform bougies and in no case was it possible to go higher than No. 8 English.

All cases were followed by more or less reaction. Inflammation of Cowper's gland and abscess in one case, epidydimitis in another and more or less urethritis in the third.

The cure could not be termed permanent for the patients had to keep on passing instruments on themselves to prevent recurrence of the condition.—*Wiener Med. Woch.*, Nos. 40 to 43, 1889.

VII. Drainage of the Bladder After Suprapubic Cystotomy. By Dr. H. BURCKHARDT (Stuttgart). One of the great objections urged by surgeons against supra-pubic cystotomy is the difficulty of draining the bladder. A catheter "a demeure" does not work

at all if the bladder wound be left open, and it cannot be relied on when the wound has been sutured.

If primary suture of the bladder is not attempted, and the urine is allowed to escape through this opening till it has healed by granulation, then it is extremely difficult to keep the patient clean and dry. To do away with all these inconveniences, the writer has during the past five years employed a method which was first used by Frere Come, in the 18th century, but with another end in view. It is well known that this famous lithotomist, previous to opening the bladder from above, made the "boutonniere," so as to pass a "sonde a dard" from the urethra into the bladder, and open this viscus above the symphysis from within outward, and after having removed the stone by the suprapubic incision, he inserted a tube through the perineal wound into the bladder and left it there several days.

This method was abandoned and has not been employed methodically by any modern surgeon.

In 1884 the writer, for the first time, employed this method in the case of a man, æt 64 years, with a stricture of 20 years' standing, and suffering from stone. As the patient was in poor condition, and had had numerous chills, and the urine was strongly alkaline, containing much albumen, and the stricture admitting only a No. 7 English catheter, the writer decided to combine an external urethrotomy with the epicystotomy and drain the bladder through the perineal wound. The patient stood the operation perfectly and made a good recovery, both wounds healing kindly. The drainage worked satisfactorily for one and one-half days, and then afterward in a very unsatisfactory manner, but it permitted a perfect cleansing of the bladder. Since then the writer always combined vesico-perineal drainage with every case of epicystotomy, as it permits of a more rapid and perfect closure of the suprapubic wound, and the perineal incision heals rapidly after the tube is removed.

He does his suprapubic cystotomy with only a moderately distended bladder, and does not employ the rectal dilator, stating that if the pubis be hugged closely and only a small segment of the bladder be exposed

before pushing back the peritoneum, the viscus may be opened with safety.

In establishing a perineal opening it is done in the same way as the "boutonniere" operation, the urethra being opened on a sound, the only difference being that usually there is a healthy urethra to deal with instead of a strictured one.

For drainage he employs a rubber tube. 1 cm. in diameter, with very thick walls; the tube is perforated in a couple of places and pushed up to the posterior wall of the bladder, and no openings are made in the tube near the anterior wall of the bladder, and where it passes through the urethra. To prevent his drainage tube from slipping out of place, he fastens it to the perineum by a wire suture.

He closes the bladder by catgut etage suture and packs the overlying wound with iodoform gauze. He seldom allows his perineal drainage tube to remain in place over eight days.—*Centbl. f. Chirg.*, 1889, No. 42.

F. C. Husson (New York).

EXTREMITIES.

I. On Perforating Cutaneous Ulcers in Consequence of Neuritis. By Dr. P. Helbing (Tübingen). This article is based on a case of perforating ulcer of the upper extremity—the first one known in which a histological examination was also obtained. The patient was a working man, æt. 52 years. His trouble began with a painful swelling of the whole right arm 15 years previously This in a few weeks subsided somewhat, leaving eight red spots on palm and dorsum of hand that broke and discharged. These healed up in about 10 weeks. The next outbreak occurred 11 years later, and this time on the upper arm. A couple of years later a like process attacked the little finger, with loss of the end and part of the second phalanx. Quite recently the elbow became involved.

Sensation in right arm diminished since first attack; subjective feeling of coldness in it; pressure, temperature and localization senses decidedly impaired, whilst that for pain is almost lost (analgesia). Right arm somewhat fuller than left, partly from œdema. Nails on right